SERVICE STANDARDS

HOME-BASED INTENSIVE FAMILY PRESERVATION SERVICES

I. Service Definition

The goal of this service is to remove the risk of harm to the child instead of removing the child based on the HOMEBUILDERS® model. Information on this program is available at http://www.institutefamily.org/. These services give families the chance to learn new behaviors, and help them make better choices for their children. Child safety is ensured through small caseloads, program intensity, and 24-hour service availability. There must be an absolute commitment to adhere to the HOMEBUILDERS® model by the service providers. Intensive home based preservation services are also available for pre-adoption and post-adoption services for adoptive families at risk or in crisis. Intensive Home Based Family Preservation (IHBFP) Services provides any combination of the following kinds of services to the families once approved by the DCS:

1) Intensive service provision of casework services for multi-problem and/or severely dysfunctional families that is provided in the family's home.
2) Be available to clients 24 hours a day, 7 days per week which allows close monitoring of potentially dangerous situations and to defuse the potential for violence.
3) Services shall be delivered in the client's home or the community where the problems are occurring and, ultimately, where they need to be resolved.
4) Sessions are to be scheduled at the family's convenience and at times when there are the greatest opportunities for learning and practicing new skills, specifically at times in the family's day when problems needing to be resolved most often occur such as early morning, meal times, and bedtimes.
5) Workers must be available routinely for evening and weekend appointments.
6) Develop and assess service treatment plans based on families strengths and needs.
7) Include services that recognize problem behaviors as skill deficits which can be overcome in most cases with sufficient motivation, effort and effective treatment.
8) Teach productive behavior to replace maladaptive behavior.
9) Teach individualized problem-solving skills that can be used by family members to respond to and manage crisis and problem situations.
10) Teach families basic skills such as using public transportation systems, budgeting, and where necessary, dealing with the social services system.
11) Educate families in areas more commonly associated with counseling, such as child development, parenting skills, anger management, other mood management skills, communications, and assertiveness.
12) Utilize a range of research-based interventions, including crisis intervention, motivational interviewing, parent education, skill building, and cognitive/behavioral therapy.
13) Provide concrete assistance to the family including providing transportation, assistance with cleaning and moving, locating food, clothing, etc. when needed and training the family to assume these responsibilities. Assistance with learning to communicate assertively with landlords to obtain needed home repairs.
14) Provide emergency assistance of up to $500 on behalf of the family for the purposes of preventing placement, with possible uses such as rental deposits, utility deposits, paying back utility bills, repairing cars to enable employment, purchase needed clothing. These funds are accessible only after other available resources have been accessed. A plan to access the monies must include availability to the worker within 24 hours of request.

15) Develop strategies that will be used to facilitate client's successful use of non-home based community resources following termination.

IHBFP Services provide for caseloads of two (2) families at one time (on the average) for a period of 4 weeks and no longer than 8 weeks. If a staff member is providing IFPS/IFRS AND other less intensive services, the staff member's caseload should be based on the service standards of the other services being provided, the therapeutic model, accreditation standards, and according to best practice. A trained home-based counselor will provide a range of services in the family's home. Briefly stated, the objectives of this program for each family referred are to:

1) Engage the family (as many members as reasonably feasible) through a face to face contact within 24 hours of referral and obtain their willingness to participate.
2) Include completion of the North Carolina Family Assessment Scale from the beginning of the intervention to the end of the intervention (See the National Family Preservation Network website www.nfpn.org for more information about this scale).
3) Provide services frequently which may be daily and up to 20 hours or more per family per week. Sessions may be long and must continue as the situation warrants.
4) Provide services that are concentrated to take advantage of the time when families are experiencing the most pain, and have the most motivation to change.
5) Resolve the immediate crisis, and teach the skills necessary for the family to remain together and to provide for the safety of children and all members of the family.
6) Identify family strengths: assess and prioritize the family's problems, including issues raised by the referring case manager as well as the family members themselves. Conjointly develop 2 to 6 treatment goals, keeping in mind the concerns of the referring family case manager/probation officer as well as the concerns of the family members.
7) Identify family strengths: assess and prioritize the family's problems, including issues raised by the referring Case Manager or Probation Officer as well as the family members themselves. Conjointly develop 2 to 6 treatment goal.
8) Help the family to examine alternatives and determine their options for working on treatment goals.
9) Refer to ongoing community or government services as needed and refer back to less intensive formal and informal community services after Intensive Home Based Family Preservation Services are completed.

II. Target Population

Services must be restricted to the following categories:

1) Children and families for whom a child protection service investigation has been initiated with a child at imminent risk of placement; or
2) Children and families who meet the requirements for CHINS 6 ("substantially endangers the child's own health or the health of another needs care, treatment or rehabilitation that the child is not receiving…"); or
3) A family that adopts or plans to adopt an abused or a neglected child who is at imminent risk of placement or adoption disruption; and
4) Multi-problem families who are at risk of imminent separation because of the potential removal of at least one child from the family. At least on of the parents or legal guardian must agree to attempt participation in Homebuilders services.

Probation youth are not excluded if they meet the criteria of number 2 or 3 and 4 above and the required case record documentation is provided.

III. Goals and Outcome Measures

Goal #1
Timely intervention with family and regular and timely communication with referring worker
Outcome Measures

1) 95% of all families that are referred will have face-to-face contact with the client within 24 hours of the referral.
2) 95% of families will have a written treatment plan prepared and sent to the referring worker following receipt of the referral within 5 days of contact with the client.
3) 97% of all families will have weekly written summary reports prepared and sent to the referring worker.

Goal #2
Prevention of out-of-home placement
Outcome Measures
1) 75% of the families that were intact prior to the initiation of service will remain intact with no out-of-home, county paid placement for more than five days throughout the service provision period.
2) 75% of families referred by DCS will not be the subject of a new investigation resulting in a substantiated abuse or neglect throughout the service provision period.
3) 75% of families referred by Probation will not be the subject of an additional charge or violation found true at Court hearing through the service provision period.

Goal #3
Improved family functioning
Outcome Measures
1) 90% of the families served will not have new incidences of substantiated abuse or neglect throughout the service provision period.
2) 90% of families actively engaged in treatment and following treatment recommendations will not have incidences of criminal or status charges while the agency is actively involved.
3) Scores will be improved on the Risk Assessment instruments in ICWIS used by the referring DCS.
4) Scores will improve on the North Carolina Family Assessment Scale from the beginning of the intervention to the end of the intervention (See the National Family Preservation Network website www.nfpn.org for more information about this scale.

Goal #4
DCS and family satisfaction with services
Outcome Measure
1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
2) 94% of the families who have completed home-based services will rate the services "satisfactory" or above on a satisfaction survey developed by the agency.

IV. Qualifications

All beginning workers need formal training in the IFPS program model and on-the-job training with another experienced worker or a supervisor. All IFPS workers must receive annual training.

Minimum Qualifications:

- Master's degree in social work, psychology, or marriage and family therapy with a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Social Worker; 2) Clinical Social Worker; 3) Marriage and Family therapist; or 4) Mental Health Counselor; or

- Bachelor's degree in social work, psychology, or marriage and family therapy with at least two years experience with direct supervision from a person with a Master's degree in social work, psychology, or marriage and family therapy with a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Social Worker; 2) Clinical Social Worker; 3) Marriage and Family therapist; or 4)

Mental Health Counselor. The supervisor provides back-up to the worker as well as supervision. The ratio of supervisors to staff should not exceed 1:6.

In addition to:

- Knowledge of child abuse and neglect and child and adult development
- Knowledge of community resources
- Ability to work as a team member
- Belief in helping clients change their circumstances, not just adapt to them.
- Understanding regarding issues that are specific and unique to adoptions such as loss, mismatched expectations and flexibility, entitlement, gratification delaying, flexible parental roles and humor.

V. Billable Units

Program Development up to 3 months prior to service delivery

The Department of Child Services will provide initial training and consultation for chosen service providers in an Evidence Based Intensive Family Preservation Model. Ongoing training must be included in the budget for this service.

The program development phase must include the following in the billing for this service:

- Determine number of staff needed to begin service delivery, administrative efforts necessary to begin accepting referrals and start serving families.
- Ensure that training is provided to all staff assigned to this program on the NCFAS using training materials that are available at http://www.nfpn.org/tools/ and approved by the DCS.
- Development of ongoing training to be provided regularly for new and continuing staff using an Evidence Based Family preservation Model.
    - **Payment for the Program Development period will be actual cost within each of the following categories: personnel, other services, services by contract, supplies, equipment, building/lands, indirect, and travel. Program Development will be billed for the services included in the above definition. Program Development may be billed for a maximum of 3 months. However, the provider must stop billing program development and start billing at the service delivery rates at the point where training has been provided by the State and the first referral has been received from any county within the region.**

Service Delivery

Providers will not be permitted to bill intensive service funds for families who are also billed to Medicaid. Intensive service funds cannot be used to supplement Medicaid for these services.

Services are to be billed at the end of each phase as follows (time spent with the family must be documented):

- Phase 1 (approximately six (6) weeks depending on the needs of the child and family) is the preparatory work to prevent removal of the child from the home. This includes initial work with the family and the placement agency to work with both the family to prevent removal (including as long a session as needed; frequently, daily, and up to 20 hours or more per family per week).
    - **Payment for the Intensive Phase will occur when the termination summary has been submitted to the referring worker and the DCS has proof of this document being received. If the family completes only part of this Intensive Phase and then is terminated for any reason, billing shall be based on the number of days completed within this phase based on a maximum of forty-two (42) days Intensive Phase.**

- **Rate Guidelines: Phase 1 Completion Rate: $3,960.00-$5,940.00**
  Phase 1 Daily Rate: $94.00 - $142.00

Phase 2 (five (5) months) If IHBFP services have been successfully completed, regardless of length of services, the provider will be asked to provide up to five (5) additional months of case management. During this phase, the family could be transferred to a follow-along staff member who would not be held to the caseload limits. The ongoing contact will provide a monitoring function to insure the community resources that the family was connected to through IHBFP Services are being accessed and the family is not experiencing additional crises. During this five (5) month period, the provider will meet bi-monthly with the family and be available for crisis intervention as necessary (24 hours a day, 7 days a week availability). It is also expected that the provider will follow up with the family to ensure that scheduled appointments with providers are being kept, that conditions present at the time of the initial referral have been addressed, and that any additional concerns raised by the referring worker are being dealt with. Additionally, it is expected that monthly reports will be provided to the referring worker documenting contacts, current status of the family, and whether any additional problem issues relating to the children have been noted.

- **Payment for the follow-up Case Management component will be billed based on a Per Diem for services provided to and on behalf of the family. The provider will bill for every day in which the family is in Phase 2. The provider must provide proof of monthly reports being received by the referring worker before billing can occur.**
- **Rate Guidelines: Phase 2 Daily Rate: $9.00 - $14.00**

Emergency Assistance
Up to $500 per family who have needs which will cause the placement of the child(ren) if not met. These funds are accessible after other available resources are used. These funds should be paid directly to the vendor if possible, it is not intended for cash use by the family.

Translation or sign language:
Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

Necessary case record documentation for service eligibility must include:
1) A DCS referral form;
2) Documentation of regular contact with the referred families/children and referring agency;
3) Monthly written reports, or more frequently if requested, regarding the progress of the family/children provided to the referring agency.

VII. Service Access

Services must be accessed through a DCS referral. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.

SERVICE STANDARDS

HOME-BASED INTENSIVE FAMILY REUNIFICATION SERVICES

I. Service Definition

While reunification has always been the primary goal for children removed from their families, only in recent years has the effectiveness of reunification services been linked to intensive services. National Family Preservation Network (NFPN) (http://www.nfpn.org/reunification/) promotes applying Intensive Family Preservation Services (IFPS) principles and practices to reunification cases. In defining reunification services, it is essential to first make a distinction between reunifying children with their parents and an intensive service model to reunite families. Many children are reunited with their families after a short period of time in foster care (two to three months). Intensive reunification services are not necessary and are not appropriate for these families. To be eligible for reunification services, a family must be willing to participate, the court must be in agreement, visits must be occurring with their children, and there must be no sexual abuse allegations. NFPN believes that states can meet the federal requirements for reunification through short-term, intensive, home-based services designed to reunite families in which children are likely to remain in out-of-home placement for longer than six months without this intervention.

Intensive reunification services are short-term, intensive, family-based and designed to reunite families when children are likely to remain in out-of-home placement for longer than six months without this intervention. Reunification services in this protocol are closely tied to, yet not identical to Intensive Family Preservation Services. The values and beliefs underlying intensive reunification services are the same as those for Intensive Family Preservation Services and were developed by the HOMEBUILDERS® program.

- Safety is our first concern.
- It is best for children to be raised in their own families whenever possible.
- We are most effective when we work in partnership with our clients.
- People are doing the best they can.
- All people have the potential to change.
- We cannot tell which situations are amenable to change.
- A crisis is an opportunity for change.
- We are accountable to our clients and ourselves for service quality.
- It is important to reduce barriers to services.

Intensive family reunification services are closely related to Intensive Family Preservation Services and thus have very similar standards. These are the basic standards that apply to the intensive stage of the reunification process:

1) Staff are available 24 hours a day, 7 days a week
2) Staff have small caseloads (2–4 families) If a staff member is providing IFPS/IFRS AND other less intensive services, the staff member's caseload should be based on the service standards of the other services being provided, the therapeutic model, accreditation standards, and according to best practice.
3) A reunification worker sees the family within 72 hours of referral
4) Reunification services are primarily delivered in the home
5) Intensive services (5–20 hours per week) are provided
6) Services are available and provided on evenings and weekends
7) Services are time-limited (60–90 days)

In the research study on intensive family reunification commissioned by NFPN, Dr. Raymond Kirk suggested a **3-stage model** for implementing IFPS-based reunification services.

Stage 1 is preparatory and precedes the return of the child to the home. This stage is marked by interactions between the reunification worker and the parents that address the issues of ambivalence about and readiness for the child's return. This period of time includes home visits between the child and parents, observed by the reunification worker. During this stage, a family assessment is also conducted using the North Carolina Family Assessment Scale for Reunification (NCFAS-R) (http://www.nfpn.org/reunification/assessment_tool.php) developed by Dr. Kirk in cooperation with NFPN.

Stage 2 is marked by intensive service delivery to the family immediately following the child's return home, within four weeks of the original referral. This phase closely resembles a typical IFPS intervention. Services may include, but are not limited to, any of the following:

1) Parent training
2) Family communication building
3) Teaching behavior management
4) Marital counseling
5) Life skills training
6) Self-management of moods/behavior
7) School interventions
8) Safety planning
9) Relapse prevention
10) Concrete and advocacy services

This stage ends with the closure assessment of the NCFAS-R instrument. The ratings at closure are statistically significant in determining the likelihood of success of the reunification.

Stage 3 is the "step-down" stage when reunification or aftercare workers are available to help resolve issues that arise following the removal of intensive services. During Stage 3 families are monitored with respect to continued child safety and family functioning. Families may also request services. The "step-down" services provide a safety net for reunification cases. During this stage, the family could be transferred to a follow-along staff member who would not be held to the caseload limits.

A major impediment to successful reunification is parental ambivalence. The strongest predictors of parental ambivalence were identified as biological parents:

1) requesting child placement before the initial placement,
2) requesting child placement after reunification,
3) refusing treatment or services,
4) missing court appearances, and
5) missing scheduled visitations.

The factors that make reunification cases unique when compared to placement prevention cases (e.g., ambivalence and resolution of pre-existing risks and service needs prior to reunification) can be identified and addressed.

II. Target Population

Services must be restricted to the following categories:

1) Children and families for whom a child protection service investigation was substantiated and the child(ren) is in placement and is expected to remain for over a 6 months period of time; or
2) Children and families who meet the requirements for CHINS 6 ("substantially endangers the child's own health or the health of another needs care, treatment or rehabilitation that the child is not receiving…") and the child is in placement and is expected to remain for over a 6 months period of time;

3) Disrupted adoptions including adoptive families whose child(ren) have been placed out of the home voluntarily or involuntarily in which reunification is expected to occur.

Probation youth are not excluded if they meet the criteria of number 2 above and the required case record documentation is provided.

III. Goals and Outcome Measures

Goal #1
Timely intervention with family and regular and timely communication with referring worker
Outcome Measures
1) 95% of all families that are referred will have face-to-face contact with the client within 72 hours of the referral.
2) 100% of families are provided services on evenings and weekends, have access to workers 24 hours a day, 7 days a week when needed, and are provided with services between 5 and 20 hours weekly.

Goal #2
Assessments are completed as required.
Outcome Measures
1) 100% of the families have the NCFAS-R completed in State 1 and the closure assessment completed in State 2 of their service period.

Goal #3
Improved family functioning
Outcome Measures
1) Scores will be improved on the Risk Assessment instruments in ICWIS used by the referring DCS.
2) Scores will improve on the North Carolina Family Assessment Scale from the beginning of the intervention to the end of the intervention (See the National Family Preservation Network website www.nfpn.org for more information about this scale.)
3) 80% of families receiving services will have their child returned within 4 weeks of referral.
4) 80% of families receiving services will participate in visitation with their children, attend court hearings, and participate in treatment and services.

Goal #4
DCS and family satisfaction with services
Outcome Measure
1) DCS satisfaction will be rated 4 and above on the Service Satisfaction Report.
2) 94% of the families who have completed reunification services will rate the services "satisfactory" or above.

IV. Qualifications

Minimum Qualifications:
All beginning workers need formal training in the IFRS program model and on-the-job training with another experienced worker or a supervisor. All IFRS workers must receive annual training.

- Master's degree in social work, psychology, or marriage and family therapy with a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Social Worker; 2) Clinical Social Worker; 3) Marriage and Family therapist; or 4) Mental Health Counselor; or

- Bachelor's degree in social work, psychology, or marriage and family therapy with at least two years experience with direct supervision from a person with a Master's degree in social work, psychology, or marriage and family therapy with a current license issued by the Indiana Social Worker, Marriage and Family Therapist or Mental Health Counselor Board, as one of the following: 1) Social Worker; 2) Clinical Social Worker; 3) Marriage and Family therapist; or 4) Mental Health Counselor. The supervisor provides back-up to the worker as well as supervision. The ratio of supervisors to staff should not exceed 1:6.

  In addition to:
  - Knowledge of child abuse and neglect and child and adult development
  - Knowledge of community resources
  - Ability to work as a team member
  - Belief in helping clients change their circumstances, not just adapt to them.
  - Understanding regarding issues that are specific and unique to adoptions such as loss, mismatched expectations and flexibility, entitlement, gratification delaying, flexible parental roles and humor.
  - Availability at all hours to respond to crises, which are the best time to teach and model the new behavior and skills family members need if they are to stay together.

V. Billable Units

Program Development up to 3 months prior to service delivery

The Department of Child Services will provide initial training and consultation for chosen service providers in an Evidence Based Intensive Family Preservation Model. Ongoing training must be included in the budget for this service.

The program development phase must include the following in the billing for this service:

- Determine number of staff needed to begin service delivery, administrative efforts necessary to begin accepting referrals and start serving families.
- Ensure that training is provided to all staff assigned to this program using training materials on the North Carolina Family Assessment Scale - Reunification using training materials that are available at http://www.nfpn.org/tools/.
- Development of ongoing training to be provided regularly for new and continuing staff using an Evidence Based Family preservation Model.
  - **Payment for the Program Development period will be actual cost within each of the following categories: personnel, other services, services by contract, supplies, equipment, building/lands, indirect, and travel. Program Development will be billed for the services included in the above definition. Program Development may be billed for a maximum of 3 months. However, the provider must stop billing program development and start billing at the service delivery rates at the point where training has been provided by the State and the first referral has been received from any county within the region.**

Service Delivery

Providers will not be permitted to bill intensive service funds for families who are also billed to Medicaid. Intensive service funds cannot be used to supplement Medicaid for these services.

Services are to be billed at the end of each stage as follows:

- Stage 1 (approximately six weeks depending on the needs of the child and family) is the preparatory work that precedes the return of the child to the home.
  This includes initial work with the family and the placement agency to prepare both the family and the youth for the youth's return to the home setting.

- **This stage ends when the child returns home. If the child does not return home, this stage will be billed at 75% of stated charge for a minimum of three weeks services. If less than three weeks of services are provided, the billing will be pro-rated based on the daily rate calculated based on forty-two days (lump sum divided by 42 days multiplied by 75%).**
- **Rate Guidelines: Stage 1 Completion Rate: $2,928.00 - $4,392.00**
  Stage 1 75% of Completion Rate: $2,196.00 - $3,294.00
  Stage 1 Daily Rate: $52.29 - $78.43

- Stage 2 (three to four weeks depending on initial ease of transition into the home) is intensive service delivery to the family immediately following the child's return home. The completion of this phase will be a written contract signed by the family, agency, and referring worker summarizing goals achieved and outlining goals to be worked on during Stage 3. This contract must also include a plan for achieving identified goals.
  - **Stage 2 may be billed when the contract is signed by the family, agency, and referring worker regarding Stage 3 goals. If placement disrupts during Stage 2, this phase will be billed at a daily rate calculated based on twenty-eight days.**
  - **Rate Guidelines: Stage 2 Completion Rate: $3,960.00-$5,940.00**
    Stage 2 Daily Rate: $141.43 - $212.14

- Stage 3 (twelve months) is the "step-down" stage when reunification or aftercare workers are available to help resolve issues that arise following the removal of intensive services. Monitoring occurs with respect to continued child safety and family functioning. This stage incorporates the ability of the agency to provide up to four weeks of intensive crisis intervention services, based on the family's needs, during these twelve months. It is anticipated that these weeks will be billed at a Stage 2 daily rate. It is also anticipated that some families may need more than four weeks of intensive work during this stage. In such cases, written requests for additional fees will be submitted to the DCS for approval. If the family is stable and does not require twelve (12) months of services, the family can be successfully discharged at any time with the approval of the referring worker and/or the authorization of the Court. It is anticipated that contact with the family will decrease during Stage 3.
  - **Stage 3 is to be billed monthly based on a Per Diem. If intensive services are needed in Stage 3 (up to 4 weeks), the billing must clearly outline the number of hours provided during this intensive time and bill based on the daily rate calculated for Stage 2.**
  - **Rate Guidelines: Stage 3 Daily Rate: $16.00 - $24.00**
    Stage 3 Intensive Daily Rate: $141.43 - $212.14

Emergency Assistance
Up to $500 per family who have needs which will cause the placement of the child(ren) if not met. These funds are accessible after other available resources are used. These funds should be paid directly to the vendor if possible, it is not intended for cash use by the family.

Translation or sign language:
Services include translation for families who are non-English language speakers or hearing impaired and must be provided by a non-family member of the client. Dollar for dollar amount.

VI. Case Record Documentation

Necessary case record documentation for service eligibility must include:

1) A DCS referral form;
2) Documentation of regular contact with the referred families/children and referring agency;
3) Monthly written reports, or more frequently if requested, regarding the progress of the family/children provided to the referring agency.
4) Closing report regarding outcomes from the provision of services.

VII. Service Access

Services must be accessed through a DCS referral. Referrals are valid for a maximum of six (6) months unless otherwise specified by the DCS. Providers must initiate a reauthorization for services to continue beyond the approved period.

NOTE: All services must be pre-approved through a referral form from the referring DCS. In emergency situations, services may begin with a verbal approval but must be followed by a written referral within 5 days. It is the responsibility of the service provider to obtain the written referral.